# Town of Greenfield, Massachusetts

## **EMPLOYMENT APPLICATION**

Applicants are considered for all positions without regard to race, color, religion, gender orientation, national origin, age, marital, veteran, or active military status; genetic information, sexual orientation (which shall not include persons whose sexual orientation involves minor children as the sex object), the presence of a non-job related medical condition or handicap, or any other legally protected status. The Town of Greenfield only hires individuals authorized for employment in the United States.

If you are submitting a Resume and cover letter as substitution for any portion of this application you may write "See Resume". In doing so, you are expressly certifying that any statements and information contained therein are incorporated into the application and the conditions of your affixed Applicant signature. You MUST complete information herein that your Resume does not provide.

Position Applying For:		Date of A	pplication:	
Schedule Desired: ( ) Full 7	Γime ( ) Part Time ( ) Temporary	( ) Seasonal Are you	on layoff subject to	recall?
Are there any hours, shifts or Are you willing to work over Are you able to meet regular	days you cannot or will not work? time as required? attendance & punctuality requirements	s of the job?		
	PERSONAL INFOR	MATION		
(Last Name)	(First Name)	(Middle Name)	(Also Knov	wn As)
(Present Street Address)	(City)	(State)	(Zip)	
(Home Phone)	(Cell Phone)	(Email address	)	
For applicants for jobs that a Do you have a valid MA Driv	require driving: ver's License? Number	Class	Expiration Date	
Do you have a valid CDL? Y	es No List valid endorseme	ents:		
(You may be required to provide a copy of your driving record and disclose repeated or significant traffic violations.)				
EDUCATION				
TYPE OF SCHOOL	NAME & LOCATION OF SCHOOL	DEGREE/AREA OF STUDY	NO. OF YEARS COMPLETED	GRADUATED (Check One)
HIGH SCHOOL				( )Yes ( ) No
COMMUNITY COLLEGE				()Yes()No
COLLEGE				( ) Yes ( ) No
GRADUATE SCHOOL				( ) Yes ( ) No
TECHNICAL SCHOOL				( ) Yes ( ) No
OTHER				( ) Yes ( ) No

TRAINING & PROFESSIONAL LICENSES OR CERTIFICATIONS				
	l associations you are a mem	professional activities and achievements, aber of. You may exclude those which origin or sexual orientation status.	Date Awarded	
, , , , , , , , , , , , , , , , , , ,	,			
	SKIL	IS		
		position applied for: (include machinery or	equipment able to	
operate)				
Indicate any foreign languages you car	n speak, read and/or write ei	ther fluently or conversationally:		
	EMPLOYMEN			
during the last 10 years (include work papplication and/or additional sheets of papplication and papplicat	erformed more than 10 year plain paper if you need more	part-time work, military service, and summe s ago if it applies to the job you want). Use space. ntact you present employer? () Yes ()	the back of the	
Name and Address of Employer & Date of Employment	Position & Duties	Reason for Leaving		
Phone: Dates (From/To):				
Phone: Dates (From/To):				
Phone: Dates (From/To):				
Phone: Dates (From/To):				
Phone: Dates (From/To):				

by the Town of Greenfield	before? ( ) Yes ( ) N	o If Yes, please indicate wha	at department,
uaintances now employed by	the Town of Greenfie	ld:	
			, which duties ar
yment in the U.S. and can yo	ou provide proof of citi	zenship or legal right to work	? Yes ( ) No
ge, can you provide required	proof of your eligibilit	y to work? Yes ( ) No	( )
l Forces? Yes ( ) No ( )	Branch:	Discharge Status:	Rank:
elated references who know y  Address	your work skills. Do n Phone	ot list relatives or friends.  Place of Employment	Position Hel
		1	
CO	MPUTER SKIL	LS	
BEGINNER LEVEL	INTERMEDIATI	E ADVANCED	# YE.
	paintances now employed by a job, quit a job after being or unsatisfactory performance on duties are you capable of the company of the compan	paintances now employed by the Town of Greenfie or a job, quit a job after being told you would be fire or unsatisfactory performance: ( ) Yes ( ) No on duties are you capable of performing all job dutage, can you provide proof of citige, can you provide required proof of your eligibility of Forces? Yes ( ) No ( ) Branch:  REFERENCES  Plated references who know your work skills. Do not address  Phone  COMPUTER SKIL	naintances now employed by the Town of Greenfield:  n a job, quit a job after being told you would be fired, or left a job by mutual agree or unsatisfactory performance: ( ) Yes ( ) No If Yes, please explain on separation on duties are you capable of performing all job duties? Yes ( ) No ( ). If no green the U.S. and can you provide proof of citizenship or legal right to work ge, can you provide required proof of your eligibility to work? Yes ( ) No If Forces? Yes ( ) No ( ) Branch:  REFERENCES  Clated references who know your work skills. Do not list relatives or friends.  Address  Phone  Place of Employment  COMPUTER SKILLS

## APPLICANT'S CERTIFICATION AND AGREEMENT

### Please Read this Statement Carefully

I understand this application is not a contract of employment. I understand to be employed I must be lawfully authorized to work in the United States, and in accordance with the Immigration Reform and Control Act of 1986 I must produce documentation which establishes my identity and authorization to work in the United States. I understand I may be required to successfully complete a medical or psychological examination, including a urine drug analysis, before employment and/or as a condition of continued employment, and to submit to such lawful examinations, medical, substance abuse, or other, as may be required by the Town of Greenfield.

I authorize and understand that the Town of Greenfield may investigate my work and personal history which may include a Criminal Offender Record Inquiry (CORI) and/or a Sex Offender Registry Information (SORI) check, and verify data given on this application, on resume or related papers, and/or interviews regarding my education, past employment history and background. I authorize all individuals, schools, and firms named herein, except my current employer, if so noted, to provide any information requested about me and I release them from all liability for damage in providing this information. I understand that the information released is for the Town of Greenfield's use only. Conviction of a crime or termination from a job is not an automatic bar to your employment, all circumstances will be considered. I understand that I am not required to take a lie detector test as a condition of employment as it is unlawful in the State of Massachusetts to be required to do so.

The Town recognizes many different union agreements and Civil Service requirements. Unless otherwise stated, if I am hired, I agree that my employment and compensation can be terminated with or without cause and for any reason not prohibited by statute at any time with or without prior notice, at the option of the Town of Greenfield or myself. I understand that all appointments are probationary and that I must demonstrate my ability for continued employment. I also understand that I must be available from time to time to work outside normal business hours, as the needs of the department require.

I understand that this application for employment will be considered active until the position I am applying for has been filled. I understand if I wish to be considered for future employment, I must inquire regarding re-submitting this application or completing another for any vacant position.

I certify that all the statements herein are true and understand that any falsification or misrepresentation of facts stated or implied shall be sufficient cause for dismissal (whenever discovered) or refusal of employment. I understand, also, that I am required to abide by all rules, policies or regulations of the Town of Greenfield.

Applicants for seasonal employment should be aware of current state laws which exempt the Town from paying unemployment compensation benefits to those employees who work seasonal positions in duration of twenty (20) weeks or less.

Applicant's Signature	Date	
	You must sign and date this Application to be considered for employment)	

## Town of Greenfield EQUAL OPPORTUNITY INFORMATION REQUEST

#### INSTRUCTIONS

#### PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

**Anti-Discrimination Notice**. It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, or national origin.

This employer is subject to certain nondiscrimination and affirmative action recordkeeping and reporting requirements which require the employer to invite employees to voluntarily self-identify their race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires this employer to determine this information by visual survey and/or other available information.

For civil rights monitoring and enforcement purposes only, all race/ethnicity information will be collected and reported in the seven categories identified below. The definitions for each category have been established by the federal government. If you choose to voluntarily self-identify, you may mark only one of the boxes presented below.

Please r	eturn this form to the Human Resources Department:
NAME:	DATE:
	INVITATION TO SELF-IDENTIFY PLEASE ANSWER THE FOLLOWING QUESTION
What is identify	your race/ethnicity? Please mark the <b>one box</b> that describes the race/ethnicity category with which you primarily
	<b>Hispanic or Latino</b> : a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
	<b>White</b> : a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
	Black or African American: a person having origins in any of the black racial groups of Africa.
	<b>Asian</b> : a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
	Native Hawaiian or Other Pacific Islander: a person having origins in any of the original Peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
	American Indian or Alaska Native: a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or Community attachment.
	<b>Two or More Races</b> : a person who primarily identifies with two or more of the above race/ethnicity categories.

<b>DISABLED APPLICANT?</b> (Specify any physical/mental disability which my require special accommodations in your employment at the Town of Greenfield (see definition below):			
Protected Veteran under VEVRAA? (See Military Status definitions below)	_ YES NO		

**SEX:** FEMALE \_\_\_\_\_ MALE \_\_\_\_

#### MILITARY STATUS DEFINITIONS

Vietnam Era Veteran's Readjustment Assistance Act of 1974 as Amended (41 CFR CH. 61-250.1). The term "protected veteran" means any of the following veterans:

(i) Disabled veterans; (ii) Active duty wartime or campaign badge veteran means a veteran who served on active duty in the Armed Forces during a war or in a campaign or expedition for which a campaign badge has been authorized; (iii) Veterans who, while serving on active duty in the Armed Forces, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order No. 12985; (iv) Recently separated veterans means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active dutiy in the military.

#### DEFINITION OF DISABLED APPLICANT

A person who either (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a record of such an impairment, or (3) is regarded as having such an impairment. "Life activities" are defined as those which affect employability. "Substantially limits" means the degree that the impairment affects employability.

#### **Definitions of race/ethnic categories**

**Hispanic of Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

**Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races.